

CLAIMS ONLY								Application Number <div style="font-size: 1.5em; font-family: cursive;">10/816395</div>		Filing Date	
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep											

Application Number
10/816395

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	3					
Total Depend	25					
Total Claims	28					

may be used for additional claims or amendments

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